

“Struggle for Social Service in Nepal”

- by Dr Mrigendra Raj Pandey



Launched by Rt' Hob'le President Dr Ram Baran
Yadav at Rastapati Bhawan, on July 27, 2011

with Speakers' Remarks

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Rt. Hon'ble President Dr Ram Baran Yadav's Address

(Unofficial Translation)

It gives me great pleasure to launch the book *Struggle for Social Service in Nepal* by eminent Senior Cardiologist Dr Mrigendra Raj Pandey. It is indeed commendable that Dr Pandey brought to light in the form of a monograph the experiences he had gathered in his long innings in the field of health and social service.

The book gives an account of the work of the Mrigendra Samjhana Medical Trust founded by him thirty five years ago, not only in the health sector but also in cultural, spiritual and income generating areas. He has also vividly depicted widespread evils like ignorance, superstition and discrimination he discovered in society in the course of the activities of the Trust. Credit goes to Dr Pandey and the Trust for their pioneering role in awareness generating campaign against the hazards of smoke and tobacco in human health in Nepal.

Dr Pandey was the first Nepali clinician to earn the MRCP degree. His contribution to health services over the past half a century will always be remembered. His long experience as well as the research work listed in the book will, I feel, prove valuable for medical students and researchers. I wish all concerned will pay due attention to the concern expressed by Dr Pandey in the realm of medical education and privately run health services related institutions.

Before I conclude, while wishing further success to the Trust, I extend my congratulations and best wishes to Dr Pandey.

Remarks by Mr Kul Chandra Gautam¹



Nepal is now blessed with many competent and committed medical doctors and physicians. I see quite a few of them right here, including our President, Rt. Hon Dr. Ram Baran Yadav.

While many Nepali doctors provide good medical care and serve the people, only a small number have made large-scale impact on public health nationally and globally. Among those few, Dr. Mrigendra Raj Pandey has been a shining star. Actually, I personally do not know Dr. Pandey very well, except through his reputation. In Nepal I had heard about him as a famous cardiologist, who treated royalties and important personalities like the late BP Koirala. But that is not what attracted my attention.

When I was a senior official at UNICEF, working closely with WHO, in formulating some global policies for maternal and child health, I used to come across research findings of physicians and public health specialists from around the world which influenced our global policies. Dr. Pandey's name came to my attention in that context.

A senior WHO colleague brought to my attention a fascinating report that in a community-based health care programme in the remote Jumla district of Nepal, under-5 mortality rate had been reduced dramatically from 330 deaths per 1000 live births to 85 within a period of just a few years. This had been achieved largely through some simple but effective interventions against acute respiratory infections.

The Jumla project had also shown the serious health consequences of indoor air pollution, and how it could be tackled partially through smokeless cooking-stoves. I was happy to learn that this innovative action-research programme was the brain-child of a Nepali physician named Mrigendra Raj Pandey.

But as we say in Nepal – *najik-ko tirtha helaa*.

I had never heard anyone I met in Kathmandu talk about this project in Jumla. But it was big news in Geneva. The evidence gathered by this

¹ Mr. Gautam is a former Deputy Executive Director of UNICEF, and Advisor, Nepal Public Health Foundation

project gave us the confidence that if such progress can be made in Jumla, we should be able to make similar progress in the rest of Nepal, Asia, Africa and beyond, using the same methodology. So we actually used the findings of this project as an important basis in developing programme guidance by WHO and UNICEF for the control of ARI and promotion of child survival - globally. It is indeed sad that in Nepal this *najik-ko tirtha hela* phenomenon seems to be surprisingly very common.

I recall in many international development conferences, Nepal's high level representatives, including Ministers and diplomats, lamenting pitifully about how poor Nepal's health services are, citing the bad status of our city hospitals, lack of specialists and sophisticated equipment, shortage of budget, etc. and begging for more foreign aid.

Yes, it is true that Nepal's health service is plagued with many problems, and we must do more to tackle such problems. But do we always need to go to international conferences with a begging bowl and recite a laundry list of our problems?

How about talking about our successes, despite many constraints? Interestingly, in the same international conferences, I would often hear foreign experts talk about what great progress Nepal was making in achieving some of the health-related MDGs, such as reduction of maternal and child mortality, and the fantastic contribution of our 50,000 female community health volunteers. I rarely heard our Ministers and diplomats speaking proudly about these female health volunteers whose work has won international recognition.

Nor did I generally hear Nepali officials citing our other success stories to proudly say that we deserve more international support and solidarity - not because we are poor and have great needs, but because we have many success stories, despite great odds, which can and need to be further replicated. Given this background, and the mood of gloom and doom currently prevailing in our country, I try to be on the look-out for examples of good things happening in Nepal that we can be proud of. And thank goodness, there are many such examples - from the high profile cases of our CNN Hero Anuradha Koirala's crusade against trafficking of girls and women, to the fabulous work of Dr. Sandruk Ruit out of Tilganga Eye Hospital.

But there are also many other slightly less known but no less inspiring examples of innovative work being done by individuals and institutions,

including NGOs, working in the areas of health, education, community forestry, telecommunications and rural development. Among such lesser-known organizations, doing commendable work, I would list the work of the Mrigendra-Samjhana Medical Trust.

Frankly, I did not know much about this Trust until I read Dr. Pandey's book *Struggle for Social Service in Nepal* which is being released today. It was a real pleasure for me to read this fascinating book, chronicling Dr. Pandey's long journey in public health and social service in Nepal under the auspices of the MSMT, of which he was the visionary founder and remains an active promoter. The book contains first-hand account of Dr. Pandey's innovative and effective work in promoting anti-smoking campaign, raising awareness of hypertension and diabetes and other health and social issues.

Commendably, the MSMT's work has been holistic, going beyond medical treatment to catering to people's social, mental and spiritual health and well-being. In the book, I found Dr. Pandey's discussion of the proper use and abuse of foreign aid, and how it can distort national priorities very thoughtful. His caution against excessive commercialization of medical education and unethical practices in some private hospitals and nursing homes in Nepal deserves our policy-makers' special attention.

His advocacy for greater availability and use of generic drugs is right on the mark, not only for Nepal, but globally. As I said earlier, despite many challenges, Nepal is making commendable progress in public health. It is one of the few Least Developed Countries in the world that is on track to achieve several of the health-related Millennium Development Goals. We owe a great debt of gratitude to pioneering health leaders like Dr. Pandey for blazing the trail for such success.

I thank Dr Pandey for sharing his account and giving me an opportunity to preview his book. I would commend the book to all of you, as I know everyone present here, and many others who are not here, will learn much and will be immensely inspired by it, as I was.

Let me conclude with my very best wishes to Dr. Pandey, a true public health hero of Nepal, and continuing success of the Mrigendra-Samjhana Memorial Trust.

Thank you.

Remarks by Dr Ramesh Kant Adhikari²

Honorable President, Republic of Nepal, Respected Dr.Mrigendra Raj Pandey, distinguished members of the medical fraternity, distinguished guests, colleagues and friends



I am grateful to Dr.Pandey for asking me to speak briefly on his book “Struggle for Social Service in Nepal”. Dr.Pandey has always been very kind to me and I consider this offer as another example of his kindness and encouragement to me. I find myself inadequate to speak about a book which chronicles the experience of a person who has become synonymous with the medical and cardiac care, health research and social services in the country and whose service to the country spans more than five decades and a half .Definitely, my efforts will fall far short of the requirements; hence, I beg indulgence from the august gathering.

The book “Struggle for Social Service in Nepal”, though it stresses on Dr.Pandey’s personal experiences in the field of social services, it is rich in narrations related to his efforts to improve health services, his contribution to the body of scientific knowledge through path breaking research, and his efforts to improve medical education and to help people not only through health but also through philanthropic activities and his journey to self realization through selfless work for humanity. One book for every topic would have been possible and appropriate but Dr. Pandey, in his humility, has tried to share all these in a book of modest size. I am sure, the discerning readers will be hungry for more on each topic.

I suggest that every reader starts with preface and wonderful forewords: I was struck by the preface and the chapter on background to the medical trust.

We all talk about our need to be socially responsible and connected, share whatever excess we have with those who’re needy but how

² Prof Adhikari is a former Dean of Institute of Medicine, and Chairman, Ethical Review Board of Nepal Health Research Council

many of us actually practice what we feel is right? Dr.Pandey is one of the few in our community, who has shown by his actions what he meant in saying “.. those of us who have been fortunate enough to earn and accumulate some wealth should also spend it on social work, helping the needy. Likewise, those with extra time and labour to spare after attending to their duties and responsibilities could devote their time to social work.”

As human beings we’re open to temptations: temptation to wealth, fame and power. Dr. Pandey has again demonstrated by example in the book how it is possible to resist them and still live a meaningful life of fulfillment. In a very humble and self effacing way, he narrates his life experience, starting from the early student days and the opportunities he had which could have led him to somewhere else. The book is a record of his work which has demonstrated that a commitment to your field of work (medicine, cardiology and public health in his case) and selfless devotion to social work can give you all the satisfaction and happiness. Another dimension of this book is that though doing “good” should be easy, it is not. You have to negotiate the pitfalls and barriers created by individual egos, interest groups and sheer apathy. Humility, patience and perseverance are the qualities one needs as the book provides evidence of these in almost every page.

A first trained physician cardiologist and the most sought after clinician dealing with the most powerful and rich in the country, Dr. Pandey could have continued on this path and that would have been enough to earn gratitude from the country. What prompted him to leave that path and go to the inhospitable villages, and look for answers to the problems of ill health in smoke filled hearth and home of poor Nepali people? The book does not provide the full answer. But whatever might have been the reasons, they don’t matter now. The results are spectacular.

A clinician par excellence, far ahead of others in erudition and research, credited with the establishment of modern cardiac care services in the country, he could have felt happy with his achievements. However, in the prime of his cardiology practice, he sees through his insights the limitations of his clinical work to mitigate the suffering of masses that can’t benefit from his services. Nepal is grateful for his restlessness and

insights. Dr. Kirk Smith in the foreword to the book has compared his research linking indoor air pollution to high prevalence of chronic lung diseases with that of John Snow, who in mid 19th century London had demonstrated the role of contaminated water in spreading cholera. I am grateful to Dr. Pandey for asking Dr. Kirk Smith to write a foreword and I hope the country will give you your due in this matter after the book is read by our colleagues in health. In a brief chapter he has listed the activities of the Trust which includes pioneering research on the hazards of domestic smoke pollution, role of ALRI in child mortality, efforts to prevent heart disease, campaigns against tobacco, preventive programmes for coronary heart disease and development of cardiac care services for the first time in Nepal. Every one of these topics is worthy of a book. Dr. Pandey in his humility has compressed the information; I suggest that those who are interested should pursue the publications listed in the book.

Dr. Pandey's contribution to research and institutionalization of research has been profound. He has narrated the manner in which the Nepal Health Research Council was born and the midwife's and mother's role he had paid in this field. One point that struck me about his experience in conducting research in Nepal: There is a tendency among the professionals in the developing country that without any "Godfather" or a donor agency in the developed country, no research or new work can be done in these countries. National professionals spend a lot of energy and time in cultivating these friends and mentors. Dr. Pandey has shown in this book how a national institute's fund can be utilized to conduct study in an unknown subject (indoor air pollution and COPD), how local resources can be mobilized to conduct operational research which can help formulate the national policies (work on ARI) etc; the list is long. For those who want to see how he has demonstrated a path of self reliance and dignity, his steadfastness in holding on to his beliefs against powerful and tempting forces is to be found everywhere in the book.

Time does not permit me to detail all the contributions he had made in the field of medical care, public health, research and social services and medical education. Still I mention the anguish he wants to share with us over the manner in which privatization in health and medical education is slowly emerging as a social evil. He rightly points out that

though he is not against private investment in health and education, he cautions us against the danger of unchecked growth born out of greed in the absence of appropriate regulatory authority and governance. All concerned with medical education and health care need to pay attention to his sage advice if we want to prevent so called health care from becoming health hazards in future.

Finally, Dr. Pandey's contributions to the country far exceed what the country has given him, yet he remains humble and repeatedly draws attention to the fact that, as he says in his preface, " even if one may claim or think that he or she is doing selfless social work by utilizing one's extra money or time and labour, in fact, they are actually doing self service as such activities greatly help in enhancing their physical, mental, social and spiritual health. At the end, I would say, Dr. Pandey, we are indeed grateful for the path you've shown us, we're indebted to you for recording in a book what you have tried to achieve. We're inspired by your life, I am sure many will be encouraged to emulate your work. I hope some of us will be able to follow the path you have shown and that will be the true legacy you will be leaving behind.

I offer my humble sense of gratitude and best wishes. Thank you very much.



Remarks by Dr Arjun Karki³

Rt. Honorable President, Founder of the Mrigendra – Samjhana Medical Trust (MSMT), Dr. M. R. Pandey, and other MSMT members, eminent scholars and personalities who have enormously contributed in the various fields of social service in Nepal.

First of all, I would like to thank Dr. Pandey, who has also been my teacher since my medical student days, for kindly asking me to comment on his book that is being released today. Given the many important and interesting issues and events that this book describes, I do not think I

³ Prof Karki is Founding Vice Chancellor of Patan Academy of Health Sciences

could do justice within the allotted time of five minutes. It reminds me of the expression mentioned in the Hindu mythology where it is said that even the four headed “Brahma” and the very “Sheshnag” with 1000 tongues could not fully describe the characteristics of god or goddess. For that I would like to apologize right at the outset.

Having said that, what I propose to do now is to confine my comments only to those aspects that deeply struck me while going through this book.

Firstly, Dr. Pandey is a man of multidimensional talents and an accomplished person. He had a brilliant academic career. He passed I. Sc in 1947 from Tri-Chandra college and went to study medicine in Calcutta under the government scholarship and passed MBBS in 1956 AD. Following that he came back to Nepal and worked in the government owned Bir Hospital in Kathmandu. However, he continued to pursue scholarly works and managed to publish a scientific article in 1957. This probably is the first Nepali scientific article published in the Indian medical journal. Soon after, he left for UK to pursue the postgraduate specialty training under British government scholarship and obtained his MRCP in 1959 and eventually became the Royal Cardiologist. Interestingly enough, he not only had to treat the Royal family as such but also those politicians who were dead against the king’s regime and were imprisoned. However, he is more than a clinician par excellence. He was a serious public health research scientist, an educator and innovator, and a staunch advocate for poor and disadvantaged. Many research studies that he has undertaken on many public health challenges and many landmark publications support that characterization. Given the kind of socio-political atmosphere we have in Nepal, to engage, thrive and succeed in so many areas is certainly a daunting challenge. It is my assumption that in due course he not only developed a sophisticated level of diplomatic competence and political shrewdness without which, I believe, he would not have made so many accomplishments in such diverse fields.

Secondly, the sentiments he repeatedly expressed in this book make one appreciate how strong a nationalist and patriotic person he is. As a highly trained clinician of that era, he could have been easily lured by

the incentives offered by the British system and got lost there, as was the case with many of his peers and it is still happening with many of our young physicians today. However, he chose to come back to Nepal and serve the people of Nepal. In addition, his courage not to submit to the unjustified demands made by the external development partners of Nepal in relation to MSMT initiated community based projects is also a strong testimony of his sense of nationalism. I am very much proud of the decision that he and his colleagues in the MSMT took in those crucial and defining moments to safeguard their sovereign right to self-determination.

Thirdly, making a long-term commitment to social service and fulfilling that promise is not an easy task. That is why many of us, if not all, must have come across and witnessed people with good heart engaged in social and philanthropic work until a time when, for various reasons (and at times justifiably so), they give that up completely. However, here is a man who began his engagement in social service from the time the MMT was established in 1975 and has been continuing that till this date. I would like to seize this opportunity to thank his family for supporting Dr. Pandey all along in the difficult journey of social service.

It is also interesting to note that Dr. Pandey and the team managed to refuse to yield to the pressure put upon them by some of the then Royal Family members to hand over to them the MMT organized community based health and development projects. Given the kind of autocratic political system the whole nation was operating under during that period of time, it was not easy to do so. It required a lot of guts to resist such pressure. However, Dr. Pandey and his colleagues showed the courage and prevailed over those ordeals. That is truly exemplary and admirable.

Fourthly, we are all aware that misfortunes happen in our lives and we should be prepared to cope with that. Despite that, it can be very difficult to deal with the reality when it occurs. That is especially so for ordinary souls. However, it was different in the case of Dr. Pandey and his family. He lost his beloved daughter who, at that time, was pursuing postgraduate medical training in foreign land, died in an unexpected and dramatic way. Nevertheless, Dr. Pandey did not withdraw from

his commitment to social service. This clearly demonstrates his commitment, character and integrity.

Lastly, since a commentator is also expected to highlight some negative aspects as well, let me mention one limitation of this book. In view of the powerful narrative that this book contains about social service, I believe readers would certainly acquire new insights and inspiration from reading this book. However, as this book is published in English language, I am little worried as to whether and to what extent would our general public read and benefit from this version. Hence, in the spirit of reaching out to larger numbers of readership, I would urge the MSMT to seriously consider bringing this book out in Nepali language as well.

Thanks very much once again and I wish Dr. Pandey and the entire MSMT family all success in their noble work and endeavours.

Remarks by Dr Jwala Raj Pandey⁴



I read the book “Struggle for Social service in Nepal” written by Dr. Mrigendra Raj Pandey (MRP). The book was inaugurated by the President of Nepal amidst a function. I was the Master of Ceremony for the function. I wanted to say a few words about the book during my announcements, but could not do so due to time constraint. Nevertheless, while studying the book, I was so impressed by the content of the book that I am obliged to express my feelings in some written words about the book, its contents and above all about its author.

This book is one of its kinds written and published in Nepal. It is not only a compilation of the work done by a Social Organization, but is truly a memorabilia coming straight from the heart of a dedicated, devoted and egalitarian philanthropist during his journey through the thorns and thistles of medical-social work for the people of Nepal over more

⁴ Prof Pandey is a Senior Orthopedic Surgeon and Social Worker

than five decades. It is commendable that a person like MRP, having achieved the pinnacle in academics and having earned many accolades here and abroad, decided to devote his life in serving his motherland and her underprivileged, marginalized, sick and uneducated people in the far-flung places like Jumla and some other rural areas. That is why in the book he mentions that his work is like paying back the debt to his motherland and society (pp – iii).

At a time when clinicians invested their assets in expensive hospitals (palaces of diseases) and equipments, MRP donated his wealth and effort in picking up and solving the basic problems like air pollution by domestic smoke, ARI in children, diarrheal diseases, Vitamin A deficiency, diabetes, hypertension, research promotion and cardiac care. His work is an amalgamation of that of a highly trained and reputed clinician and that of a public health oriented social worker. He channelized his work through a Trust which was initially called the Mrigendra Chikitsa Guthi, but after the sad and untimely demise of his beloved daughter Samjhana, in 1993, the name of the Trust was changed to Mrigendra Samjhana Chikitsa Guthi (MSCG). While remembering Samjhana's death in the book he could not hide the agony and sorrow of a hapless father for the bereavement caused by the tragedy. It is, indeed, heart renting to read these lines in the book.

In the beginning his work looked puny to many top physicians of Nepal, but its impact was so great that it changed the outlook of many Institutions and Organizations globally including that of the WHO and UNICEF. The Trust's work was published in reputed journals like Thorax, Lancet, British Medical Journal, International Journal of Epidemiology etc. and earned worldwide appreciation. His work was the main motivator for the affirmative actions that followed for alleviating some of the urgent grass-root public health problems in the developing countries.

This book is not only the dry recount of the medical-social work done by the Trust, but also includes interesting anecdotes regarding his interaction with the then royalty, mainly King Birendra and Queen Aishwarya and the late B.P. Koirala. It also gives his concern for the rising cost of health service, particularly that of the medicines, in the chapter "Dedication vs. Commercialization in Health Sector". MRP constantly thought beyond the confines of his clinic and hospital and

reaching those who are not reached by clinical practice alone. MRP found joy in social service. He was impressed when the Missionaries of Charity said to him, “We find peace in service. We find joy in it. Serving sick and poor is our religion – pp 47”

I always knew that his inspiration and strength came from his spiritual nature which came straight from his heart (He writes ‘true spirituality, in my opinion, is inside the human heart’—pp 104) He literally followed the triple truths enunciated by Lord Buddha - A generous heart; kind speech and a life of social service with compassion are the things which renew humanity. Instead of living a life of luxury and extravagance, MRP always had himself pre-occupied with the idea of how he can serve the poor and the sick better (The best way to find yourself is to lose yourself in the service of others – Mahatma Gandhi). During the course of the social service the Trust had established temples, conducted “samoohik bratabandha” and did much religious work. Swami Vivekananda has said “as the achievements are transient and the wealth is impermanent, it is good to serve God in man”. MRP was, perhaps, doing the same thing as, in his Foreword, he writes, ‘you cannot eat money, drink it, sleep on it or wear it, and it is better used in the service of the mankind’.

I believe that MRP is much nearer to God-realization now through his social work as Lord Krishna says it is definitely those who serve others in true spirit find me (Te prapnuvanti mameva sarvabhoot hite ratah-Gita 12-4)

I salute this gentleman and commend his work which is imbued with benevolence (paropkar), compassion (karuna), relinquishment (tyaga), service (seva) and dedication (samarpan).

Let God Almighty give him more zeal and strength to guide the work of the MSCG for reaching still higher goals.

‘Sarvebhavantu sukhinah sarve santu niramaya
Sarve bhadrani pashyantou makaschid dukha bhagbhavet”

Gist of Remarks by Mr Bhim Bahadur Adhikari⁵

We are extremely happy today that the Rt. Hon'ble President is launching the book, *Struggle for Social Service in Nepal* written by Dr Mrigendra Raj Pandey, Founder of the Mrigendra Samjhana Medical Trust (MSMT), for which, on behalf of the Trust, we express our sincere gratitude to the Rt. Hon'ble President.



The tradition of Trusts has been part of Nepal's culture since time immemorial. In keeping with this tradition, the MSMT was established in 1976 by Dr Pandey. Touched by the tragic suffering of many poor and hapless Nepalese, whose death for lack of medical treatment was seen during the course, Dr Pandey decided to use part of his earnings in the service of the poor and the destitute and thereby pay the debt he owed to the motherland by donating a building he owned at Jamal in Kathmandu. The main thrust of the Trust's activities has been health services. This book gives an account of the work of the Trust as well as the difficulties faced and the experience gained in carrying out its programmes in various parts of the country.

Our thanks and gratitude go to the Rt Hon'ble President once again and we extend a warm welcome to all distinguished guests and the media persons who have taken time to be here this afternoon.

Gist of Remarks by Dr Mrigendra Raj Pandey⁶

First of all, I would like to extend my sincere gratitude to the Rt. Hon'ble President for sparing his valuable time with us this afternoon at a time when, we all know, the country is passing through a crucial period. If we as ordinary citizens feel worried about the situation in the country, we can understand how



⁵ Mr Adhikari is Vice Chairman of Mrigendra Samjhana Medical Trust

⁶ Prof. Pandey is Founder of Mrigendra Samjhana Medical Trust

worried and concerned he must be at such a time. One can see that in his face.

I feel humbled by the accolades showered on me personally by the Rt Hon'ble President and other speakers. I wish to make it clear that whatever we have been able to achieve, is the result of team work with contributions from hundreds of colleagues and friends from different walks of life. They deserve the credit no less. I would like to thank all those who helped me in this endeavor right from the beginning. And, of course, my grateful thanks go to those Janta Janardan in different parts of the country who gave us the opportunity to serve them.

While reflecting on our achievements, which is by no means small, we can derive some sense of satisfaction. But, honestly speaking, sometimes I feel that we should have been able to do much more than what we have done. **We could have certainly done a great deal for institutional development of the Trust. Materially speaking, there were several lucrative tempting offers before us from different quarters which, if accepted, would have transformed the Trust beyond recognition. But they were not without a price, which I felt, in effect, meant a compromise of our national pride. That is why we resisted the temptation and what we lost in a material sense was our gain, with a sense of satisfaction, from nationalistic perspective.**

I would like to close by thanking the Rt. Hon'ble President, distinguished friends and colleagues and the media for making this Book Launch a success by their presence. The Trust family worked hard in organizing this function and deserves our thanks.

Thank You!